

**Volunteer Reference Form**

For: \_\_\_\_\_

|   |   |  |   |  |                                     |
|---|---|--|---|--|-------------------------------------|
| <b>Reference</b>                            | Volunteer Resources would appreciate your assistance in providing us with a reference on behalf of the above individual, who has applied to volunteer their services.<br><b>To be completed by an employer, supervisor, teacher or individual who has known the applicant in a professional capacity</b><br>All information provided is CONFIDENTIAL. |  |   |  |                                     |
|   | Name:   |  | Job Title:                                  |  |                                     |
|   | Organization:   |  | Phone #:                                    |  |                                     |
|   | E-mail (For reference contact purposes only):   |  |   |  |                                     |
|   | Best to reach me: M T W R F S/S __:__ AM or PM to __:__ AM PM   |  |   |  |                                     |
| <b>Volunteer</b>                            | How long have you known this applicant? _____ In what capacity? _____<br><small>(i.e. employer, supervisor, teacher)</small>  |  |   |  |                                     |
|   | I know the applicant: very well well casually   |  |   |  |                                     |
|   | Please rate the following, on a scale of 1-5:<br>5 being Excellent - 1 being Poor - NA for unable to comment  |  |   |  |                                     |
|   | Commitment, Reliability & Punctuality   |  | Interactions with authorities               |  | Interactions with clients/customers |
|   | Initiative  |  | Attitude                                    |  | Ability to Communicate              |
|   | Interactions with children  |  | Compassion                                  |  | Interactions with peers             |
|   | Adaptability  |  | Interactions with persons with disabilities |  |                                     |
|   | This person's greatest strength is:   |  |   |  |                                     |
| What is this person's area for improvement: |   |  |   |  |                                     |
| <b>Questions</b>                            | Holland Bloorview Kids Rehabilitation Hospital serves children and young adults with disabilities or complex long-term needs and their families. How well do you believe this person would work with children who have special needs?   |  |   |  |                                     |
|   | Would you consider hiring/rehiring this person? Yes No  |  |   |  |                                     |
|   | Would you entrust the care of your own children and/or children you've been entrusted the care of to this applicant? Yes No   |  |   |  |                                     |
|   | Other comments:   |  |   |  |                                     |

*I understand that any willful misrepresentation made by me in connection with this reference will be sufficient cause for the dismissal of the applicant from Volunteer Resources.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Holland Bloorview could not realize its mission and vision without volunteers.  
Thank you for taking the time to provide this reference.*

Office Use Only: Reference Contacted - Date \_\_\_\_\_ Initials \_\_\_\_\_